## CHECK APPROPRIATE BOX STATE OF FLORIDA Original Appointment APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF BAMPAIGNEDPOSITORY Deputy Treasurer Reappointment of Treasurer FOR CANDIDATES H 10: 47 (Section 10: 0.21(1), F.S.) Secondary Depository (PLEASE TOWERK'S OFFICE 1. Address (include post office box or street, city, state, zip code) Name of Candidate 5003 DELAWATE AVE. CRUZ SIMON MAJEL BEACH, FI 33140 3. Office (add district, circuit or group number) 2. Party (Partisan candidates only) Telephone (optional) Group 4, COMMISSIONER **Deputy Treasurer** Campaign Treasurer I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer EEC CRUZ 5. Mailing Address (If post office box or drawer add street address) 6. Telephone 1801 South West 21st. Hue. 8. County (300)860-7728 10. Zip Code 9. State 7. City HUMAII - DADE 33/45 FL MIALLI Secondary Depository Y Primary Depository I have designated the following named bank as my 12 Street Address 11. Name of Bank 1200 LINCOLN ROAD WACHOVIA ₹5. State 16. Zip Code 14. County MIAMI BEACH MIAMI-DADE 33/39 1 FL 2.26.03 Campaign Treasurer's Acceptance of Appointment , do hereby accept the appointment as Deputy Treasurer for the campaign of 5/10013 CROT X Campaign Treasurer who is seeking nomination or election as a Control (Party) candidate to the office of . As a duly registered voter in HIAM - DADE. County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. O 2 6 . 0 3 X Signature of Campaign Treasurer or Deputy Treasurer